basket. In itself also it constitutes continual exercising of the musculature of the abdominal wall, thereby strengthening it. The disadvantage of supporting bandages is the diametrical opposite of this procedure with a tendency to atrophy the muscles so that, although in some instances bandaging may for a time be used, their employment should be considered as far as possible, temporary.

Massage, hydrotherapy have a twofold usefulness in the treatment of this condition, that is they are useful in improving the patient's general state of nutrition, and have specific application to the abdominal region. The general principles of psychotherapy are to be borne in mind in the treatment of neurotics, among whom this condition is very frequent.

The dietary treatment consists essentially in small frequent meals in order not to overload the stomach and intestines. Fats in many cases are poorly tolerated, but carbohydrates may be used freely. I have found it of advantage to give very little fluid during meals, nor for two hours thereafter.

If the objective is to increase the weight of the patient, as a matter of fact it usually is, that diet of from 3000 to 4500 calories should be used.

Medical treatment—bitters such as nux vomica, gentian, quassia, condurango are of advantage from time to time.

In summing up the treatment, not to dwell too greatly upon any one phase, the objective of building up the patient's general health and general state of nutrition, the increasing of the tone of all the muscles as well as the abdominal muscles, the lifting up thereby of the viscera should be borne clearly in mind to successfully treat the sufferer from visceroptosis.

209 Post Street, San Francisco.

Original Articles

ANOTHER PROBLEM IN SURGERY*

By W. A. CLARK, M. D., Oakland

"Doctor, I should think the medical society would do something to prevent Dr. Blank from operating," or, "Doctor, the medical society should establish some rule allowing only those to operate who are competent." These remarks or something similar in character we have often heard from some patient or friend after detailing to us the condition in which some one of his acquaintance has been left after being subjected to some particularly obnoxious piece of surgery by some incompetent operator.

Our usual answer is that "the medical society cannot do anything." He may then further remark that they should do something.

Remarks such as these are not idle, but are too often based upon a large amount of truth and should spur us to remove the cause of such unfavorable criticism.

If these conditions exist in our profession in its relation to the public, why do they exist? Why has nothing of real present value been done to obviate them? What is being done or can be done for the future? Is there any method which may promise some amelioration of these conditions in the immediate future?

After graduation from Medical College not so many years ago (more for some of us) by application in due form and the payment of a stipulated fee, a license was issued us by the State to practice medicine and surgery. Looking back over the years which have elapsed since we thus became the proud possessors of a diploma and a license, how many will now assert that at that time we were competent to practice the healing art, much less to do surgery. I felt at that time I was, I know now that I was not, and I have since then wondered why my Alma Mater graduated me, unless, possibly to be rid of me.

But fortunately, as in other lines of progress, medical education has advanced, and our colleges and various medical and surgical societies are diligently endeavoring, as far as possible, to better equip the recent graduate so that even if he may not be of a great deal of immediate value to the public whom he seeks to serve, he will at least be safe. This, in spite of the State Legislature.

We are not concerned with the trained surgeon whose training was so ably presented last year to this section by its chairman. This surgeon, by his work and his rugged honesty to himself and his patients, has done more than almost anyone else to establish our own self-respect and gain the esteem of those we are serving.

We are concerned, however, with the untrained operator whom you know and I know exists, and I am afraid is rather numerous.

Pardon me if I draw a picture rather familiar to us all.

This untrained operator in his care of a patient becomes convinced that an operation is necessary or advisable. It is quite likely his consultant will be equally proficient. He is not apt to call a surgeon because he may lose the operation, the stronger and better man being so obvious at the consultation, and, furthermore, such a consultant may possibly advise against operating. He has a book or two on surgery with many clear and simplified illustrations, and he becomes convinced he can easily do it. He may not try very hard to make a surgical diagnosis, but will know more about it as the operation proceeds. This latter circumstance does often happen to the trained surgeon who has found it impossible to make an accurate pre-operative diagnosis, but who is able to handle with comfort to himself and the patient the difficult and unusual conditions revealed.

Now, the condition found at operation may fortunately quite closely resemble the pictures in the book. The work is done in a way we can well imagine and, after the lapse of a considerable length of time, the patient is returned to bed; thanks to the anesthetizer. The patient eventually gets well, and to the operator and not the surgeon is paid the fee.

Soon the patient's relatives and friends begin to talk about the wonderful operation Dr. Blank performed, and what a great surgeon he is. Soon

* Chairman's Address, Surgical Section, Medical Society, State of California, at Coronado, Calif., May, 1921.

another operation is performed, and in like manner he is complimented on all sides in his circle, and he is spoken of as a very clever and rising surgeon. With a few repeated successes he believes it himself. Possibly a fond parent (you can hardly blame him) may in a burst of enthusiasm and paternal pride remark: "He is as good as a Mayo." I have heard it.

Not being familiar with the pathology of the living he sometimes removes the normal, as instanced in our meeting so many of our patients, young women, who have had their ovaries removed with a history which failed to indicate pathology. But there comes an operation, and after the exposure is made things are not as they were in the book, nor has he seen anything like it before. By the distortion of pathology he possibly has cut the facial nerve, or the musculospiral, or one or both ureters or removes an appendix, when he should have removed a stone in the ureter or kidney; or did not know how to control the hemorrhage from a tubal pregnancy; or has removed a breast for cancer and not attempted the radical removal, or during the radical removal has injured the axilary vein. Then after floundering around, as one might say, the patient is returned to bed not improved but probably made worse, and, possibly to die.

Then the question which has occasioned these remarks is asked us by our friend or patient. I do not think this picture is much overdrawn, as you know and I know such an event has happened more than once in our several communities.

The surgeon relies in selling his invaluable services by giving to his patient all the resources of his surgical training, by calling in counsel men who are of equal or better training and of more experience, and also modestly presenting to the various medical societies the results of his efforts. He will not hesitate to record his failures. He very properly expects that his honest consistent efforts will be recognized by his co-workers and the public. We expect the public in times of trouble to exercise care and discrimination in their selection of a surgeon. We know they do not. Any method whereby we may assist them in wisely making this selection seems to me justifiable.

Nothing has been done to prevent the untrained man from doing what he pleases, because there is no law or restriction placed upon him. He is only deterred at times through fear that if he attempts a certain operation, and success not attend him, it may hurt his income.

Our hospitals, through the efforts of the American College of Surgeons, are being raised in their standards, thereby giving a better service to the community. Let us help this movement by endeavoring to provide the hospitals with better and competent surgeons. There are not enough hospitals in some communities. There is not at present any appreciable competition for patients among the hospitals.

It seems that in this favorable situation a solution of the problem which has so long confronted us may be effected by asking the hospital to aid us.

There are many among you who are deservedly looked upon as being among the best of surgeons in your community, and whom the hospital management gladly welcome to their operating pavilions. The managers recognize you as surgeons and do and would give every consideration to your advice and suggestions to increase their professional standards and their standing before the community. They would feel the loss of prestige should you take your work elsewhere. They know that aside from buildings and equipment that their reputation is very largely made and maintained by the professional standing of the surgeons who do their work.

I would suggest that when you return to your work, why not have a confidential talk with the management of the hospital you patronize. Suggest to them that there are probably men using their operating rooms who are not qualified. Go over the list of the men who are operating in that hospital and, together, you will be able to formulate a list of men who are safe to do operative surgery. This need not be so difficult, as they know who are taking three hours to do an ordinary hernia, or two and a half hours for an appendectomy. Their laboratory could soon check up the man who is removing normal structures because he knows not the abnormal, or the one who has a high percentage of curetments. It should not be very difficult to convince the hospital management that it is undesirable to cater to these men.

This list, when complete, would not be that limited coterie of those you would have operate on you or your family, but undoubtedly be of a much higher standard than the one which now enjoys the privileges of their hospital.

To those whom you both consider incompetent, no rooms would be available for their patients. This attitude would undoubtedly cause the creation of sporadically-equipped small hospitals. I do not think that this possible competition would very materially affect the revenues of larger and better institutions.

This suggestion is offered for the want of a better one to obtain results in the very near future. Jealousies will undoubtedly be engendered, but it will, I have no doubt, serve in a measure to give the public more efficient surgical service. Unless some plan of action is instituted I am afraid the same question will be asked us and the same answer returned until we have only the trained surgeon, and the untrained operator ceases to exist.

CHAIRMAN'S ADDRESS*—SECTION ON PEDIATRICS CALIFORNIA STATE MEDICAL SOCIETY

By WILLIAM PALMER LUCAS, M. D., San Francisco

I consider it a great honor to have been asked to be the first chairman of the Section on Pediatrics formed in the State Medical Society of California. I sincerely hope that this section will prosper and grow so that it will represent the broad field which pediatrics covers.

I wish to try to present to you today some

* Read before the Fiftieth Annual Meeting of the Medical Society of the State of California, Coronado, May, 1921.